

SNOHOMISH COUNTY DISTRICT COURT

☐ Cascade Division
415 East Burke Street
Arlington WA 98223-1099
(360) 435-7700

☐ Evergreen Division
14414 179th Ave SE
Monroe WA 98272
(360) 805-6776

☐ Everett Division
3000 Rockefeller M/S 508
Everett WA 98201
(425) 388-3331

☐ South Division
20520 68th Ave W
Lynnwood WA 98036
(425) 774-8803

In re the matter of: _____)
_____)
Minor Child, _____)
_____)
By Guardian (Petitioner) _____)

CASE NO: _____

**CONSENT OF NATURAL PARENT
FOR CHANGE OF NAME**

I, _____, am the natural mother/father
of the child named below. I hereby affirm that I have knowledge of the petition for Change of Name
filed in Snohomish County District Court.:

Change of Name from _____
to _____

I hereby give my consent to this change of name of my natural child and waive my appearance
at the scheduled court hearing.

Signed this _____ day of _____, _____.

Natural Father/Mother Signature

Typed or Printed Name

Street Address

City, State, Zip

Phone Number

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____

NOTARY PUBLIC in and for the State of _____
Residing at: _____
My commission expires: _____